

Name in Full

Certificate of Death

James Washington Abernathy

Town

County

Died at Near Wilson Garrett

MARYLAND

Date 19	05	Month	Day	Y.	M.	D.	Native of	Occupation
		Mch	19	81	10	3	West Va	Farmer
Male		White		Married		Widow	Divorced	
Female		Colored		Single		Widowes	Number of children living	2

Husband of Hannah Sharpless

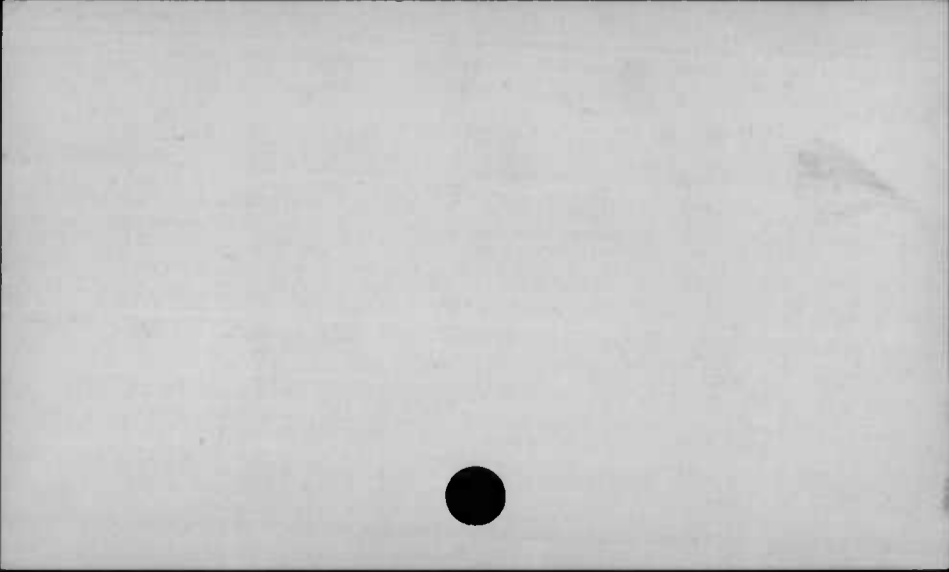
Father's Name	Mother's Maiden Name
John Abernathy	Hannah Wilson

Cause of Death	Primary	Secondary	How long sick
	Old age General Debility		19
	acute Brights Disease		
			Accident, Suicide, Homicide

Reported by Isaac W. Abernathy Minister

Address Wilson, W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Friendsville</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>22</i>	Age <i>75</i>	Months <i>5</i>	Days <i>11</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Mary Ryland</i>							
Father's Name <i>Joseph Coddington</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>don't know</i>				Mother's Birthplace			
Name of person giving information <i>R. T. Frazer</i>				How related to deceased <i>Brother in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age.</i>	How long <i>3 months</i>
Immediate <i>Paralysis</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. C. Frazer Undertaker</i>
	Address <i>Friendsville Md</i>
Accident or Suicide?	



Name
in
Full

Aden C. Duckworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} 4 Miles of Westmont ^{County} Garrett

MARYLAND

Date of death 1903 ^{Month} 3 ^{Day} 27 ^{Age} 71 ^{Years} 1 ^{Months} 21 ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Maryland.Occupation Farmer ^{Where Residing if not at place of death}Married, Single or Widowed Widowed ^{Name of Wife or Husband} Dorcas Ellen #Father's Name ^{Father's Birthplace}Mother's Maiden Name ^{Mother's Birthplace}Name of person giving information Floyd Duckworth ^{How related to deceased} Son

CAUSES OF DEATH

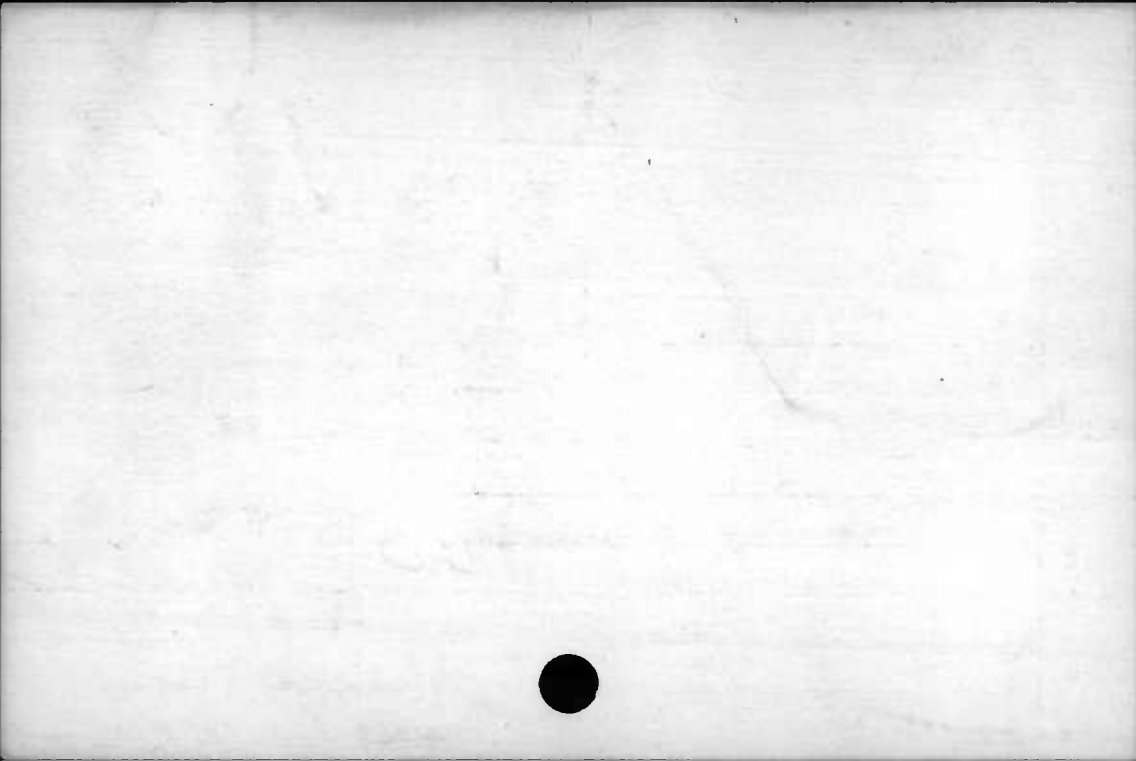
Primary Cancer of Stomach ^{How long} about 2 yearsImmediate exhaustion ^{How long} 40

Are the name, age, sex, color, date and place correctly given above? yno

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Baby F. aherty

X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Huttons

^{County} Garrett

MARYLAND

Date of death 1905 ^{Month} March ^{Day} 17 ^{Age} Years ^{Months} 2 ^{Days} 1

Sex Male Color or Race White Birth-place Huttons Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Stephen F. aherty Father's Birthplace Md

Mother's Maiden Name Adams Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ? How long 3 wks

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jeremiah Trager*

Town *Near Houndsville* County *Barrett*

Died at *Near Houndsville*

Date of death 1905 *March* Month *5th* Day *Age* *76* Years *8* Months *19* Days

Sex *Male* Color or Race *white* Birth-place *Md*

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife or Husband *Hallie Boyer*

Father's Name

Mother's Maiden Name

Father's Birthplace

Mother's Birthplace

Name of person giving information *John Taylor* How related to deceased *son in law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* *93* How long *2 Wks*

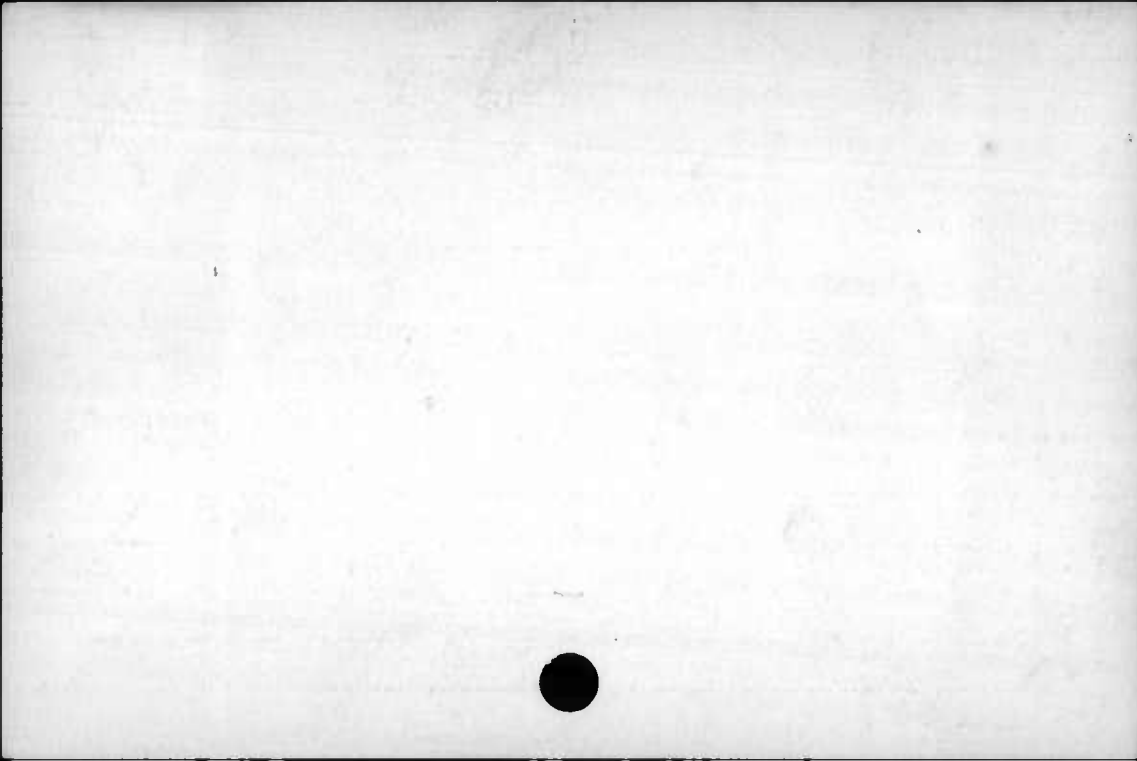
Immediate *paralysis* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. J. Mason Md*

Address *Houndsville Md*

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Jacob P. Ganer*Died at *Bumyside* ^{Town}*Garrett* ^{County}Date of death *1905* ^{Month} *March*^{Day} *7*Age *65* ^{Years}^{Months} *5*^{Days} *12*Sex *Male*

Color or Race

White

Birth-place

*Maryland*Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband

*Rhoda M. Allen*Father's Name *Jacob Ganer*Father's Birthplace *Maryland*Mother's Maiden Name *Susan Stemple*Mother's Birthplace *West Virginia*Name of person giving information *Alvertis Shaffer*How related to deceased *Sister*

CAUSES OF DEATH

Primary *Bronchitis with severe Cold*How long *Chronic*Immediate *Heart Failure*

How long

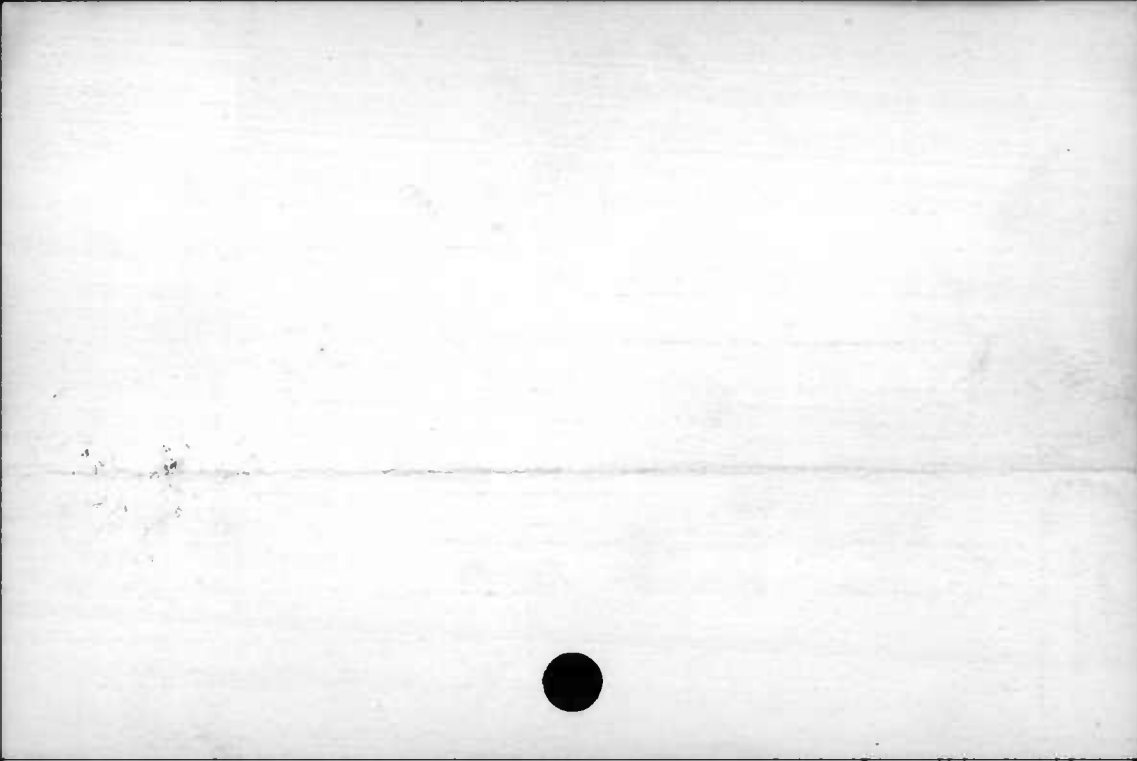
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Gilbert Selby
Eglen T W Va

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

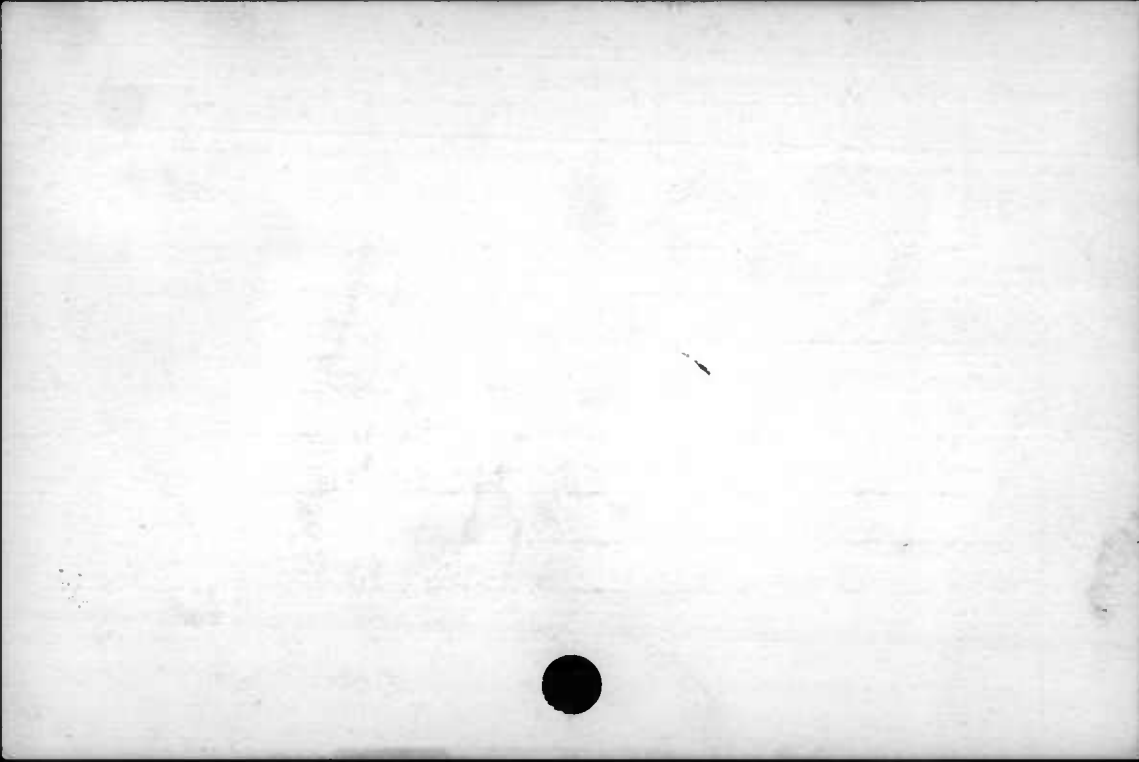
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jesse Stosh		Town Darlington		County Garrett		State MARYLAND	
Date of death 1905		Month March		Day 19		Age 21	
Sex Male		Color or Race White		Birth-place Ind		Months Ind	
Occupation Farmer		Where Residing If not at place of death Ind					
Single Widow		Name of Wife or Husband Widow					
Father's Name Chris Stosh		Father's Birthplace Germany					
Mother's Name Louise		Mother's Birthplace Louisiana					
Name of person giving information Annie Rodhears		How related to deceased None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lat Grip	How long 9 days
Immediate Pneumonia	How long 3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. Newman
	Address Oakland
Accident or Suicide?	11 10



Name
in
Full

CERTIFICATE OF DEATH

Elisabeth Lowdermilk

TO BE ANSWERED BY
NEAREST FRIEND

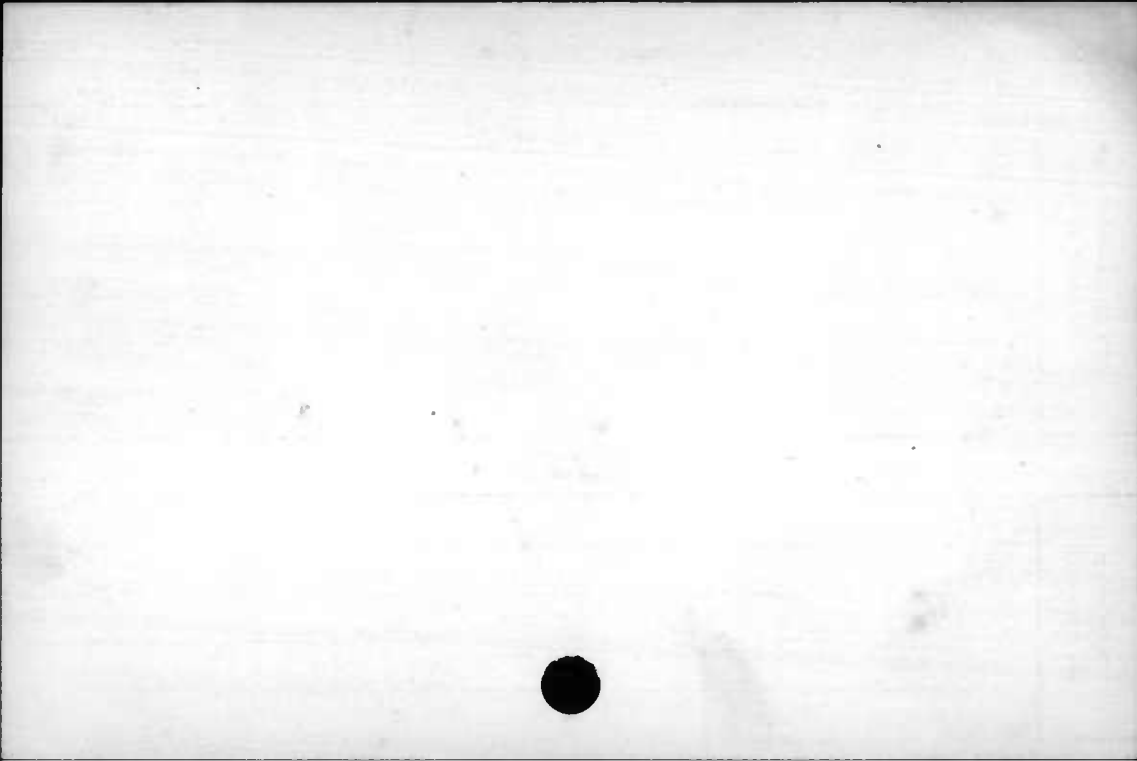
Died at *near Hays* Town *Garrett* County
Date of death *1905 Mar 10* Age *93* Months *—* Days *—*
Sex *Female* Color or Race *white* Birth-place *Pa*
Occupation *Living with her son* Where Residing if not at place of death *son*
Married, Single or Widowed *widow* Name of ~~Widow~~ Husband *John P Lowdermilk*
Father's Name *—* Father's Birthplace *—*
Mother's Maiden Name *—* Mother's Birthplace *—*
Name of person giving information *Milton Lowdermilk* How related to deceased *her son*

CAUSES OF DEATH

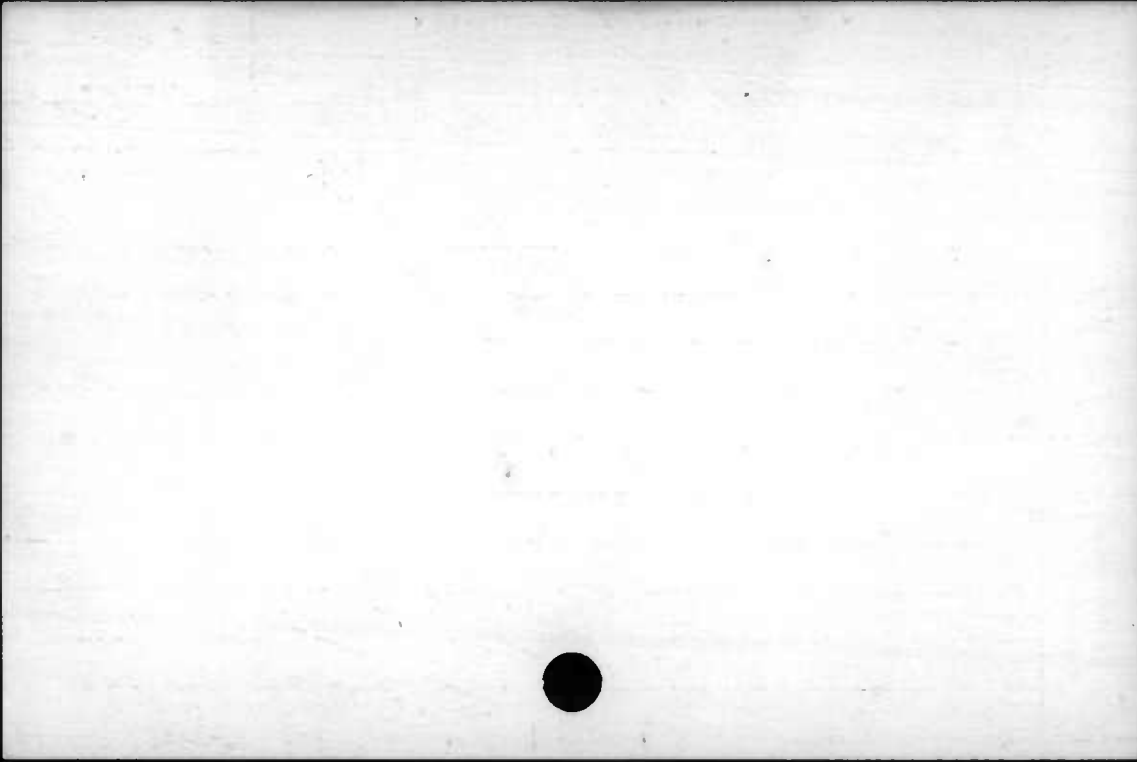
PHYSICIAN
OR CORONER

Primary *Old Age* How long *5*
Immediate *Lagrip* How long *5 Days*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Savage & Son*
Address *Friendsville Md*
Accident or Suicide? *No physician attending.*

under taken



Name in Full		William Mernaw				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at Mt Lak Park		Harriet					
		Date of death	1905	Month March	Day 30	Years Age about	63	Months	Days
		Sex	Male		Color or Race	White		Birth- place	
		Occupation	Farmer		Where Residing if not at place of death				
		Married, Single or Widowed	Name of Wile or Husband						
		Father's Name	Father's Birthplace						
		Mother's Maiden Name	Mother's Birthplace						
Name of person giving In formation		How related to deceased							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Is Cerebral				10			
		Immediate Angina pectoris				12 hours			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
						Address			
		Accident or Suicide?							



Name
in
Full

David Meyers

CERTIFICATE OF DEATH

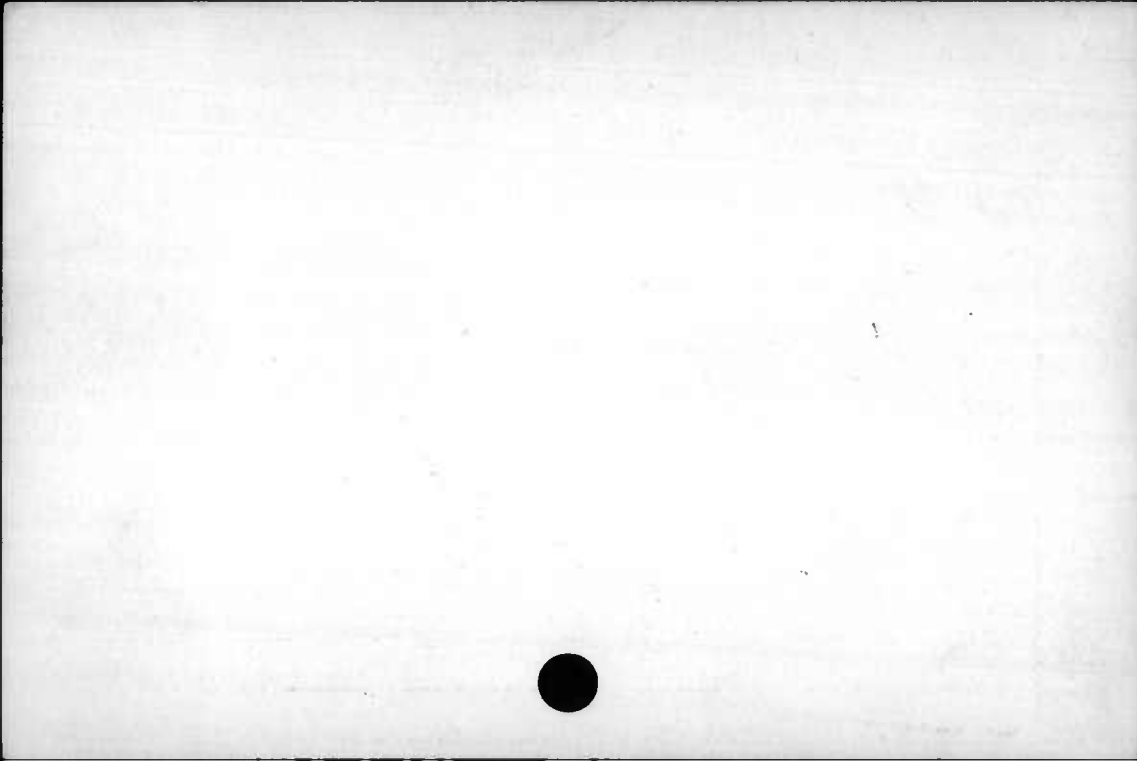
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buffalo Run</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death 1905	<i>March</i> ^{Month}	<i>25</i> ^{Day}	Age <i>1</i> ^{Years}	<i>1</i> ^{Months}	<i>9</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Walter Meyers</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>J. DeWitt</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Jeffersaw Frazer</i>			How related to deceased <i>No relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. C. Frazer M.D.</i>
	Address <i>Friendsville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

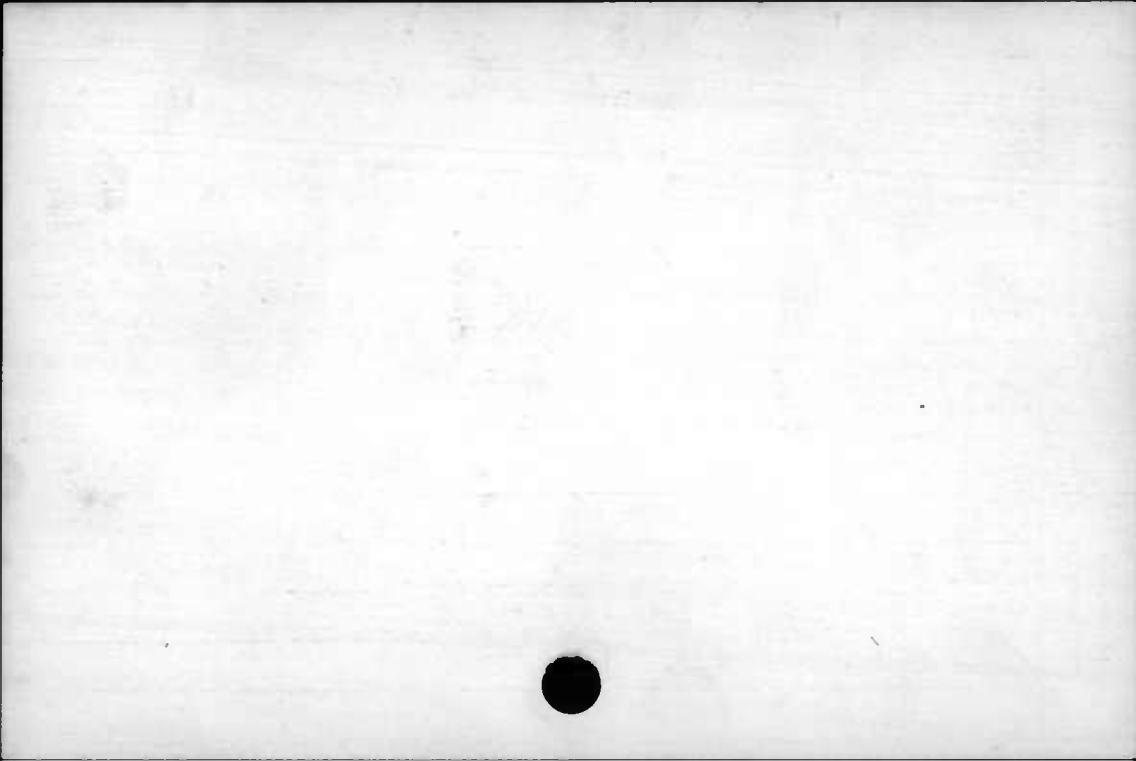
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendsville</i>		Town <i>Friendsville</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar</i>	Day <i>2</i>	Age <i>27</i>	Years <i>27</i>	Months <i>7</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John J. Moore</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Amanda J. Tirant</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Amanda J. Moore</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lagrippe</i>	How long <i>3 days</i>
Immediate <i>Spinal Disease</i>	How long <i>25 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Watson</i>
	Address <i>Friendsville</i>
	<i>Tenn.</i>
Accident or Suicide? <i>—</i>	



Name in Full *George. L. Mosser*

CERTIFICATE OF DEATH

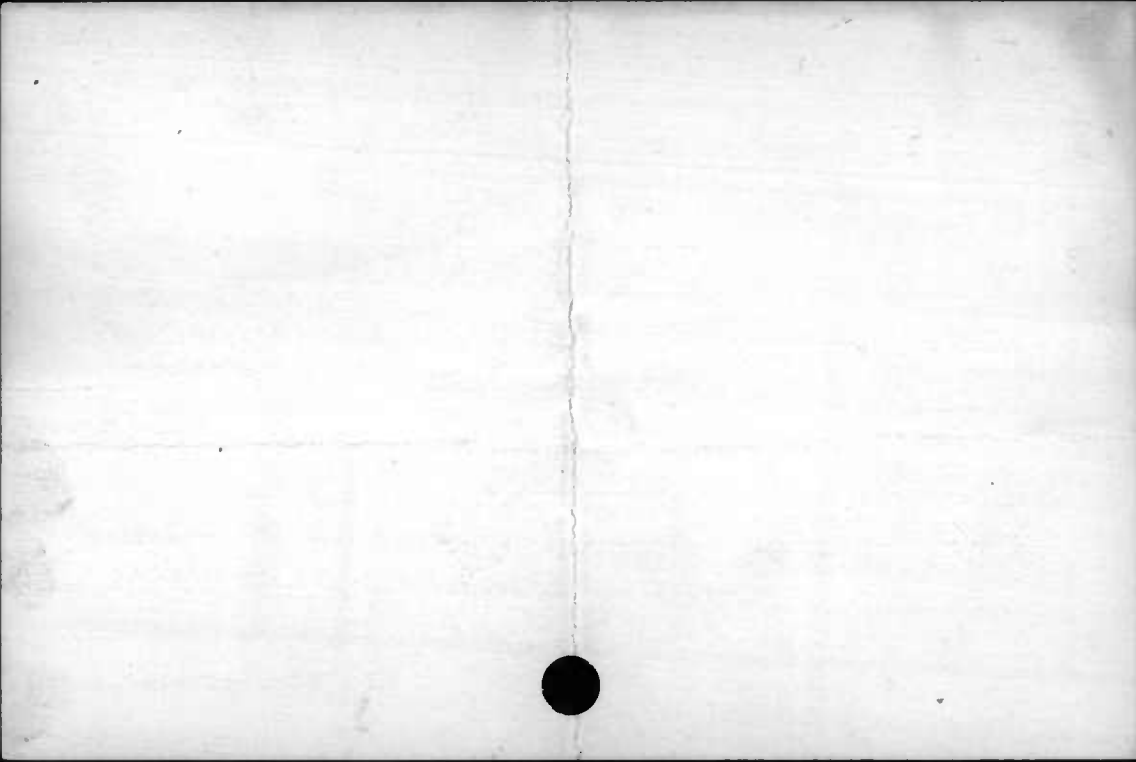
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>home</i>		Town <i>Garrett</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>19</i>	Age <i>78</i>	Years <i>1</i>	Months <i>1</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>German</i>		Birth-place <i>Germany</i>				
Occupation <i>Farming</i>	Where Residing if not at place of death <i>Near Fairfax</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Mary J. Shaffer</i>						
Father's Name <i>George Mosser</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Margaret Fishburne</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Sommers Mosser</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis - three weeks</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. L. Werner</i>
	Address <i>Thomas W. Va</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

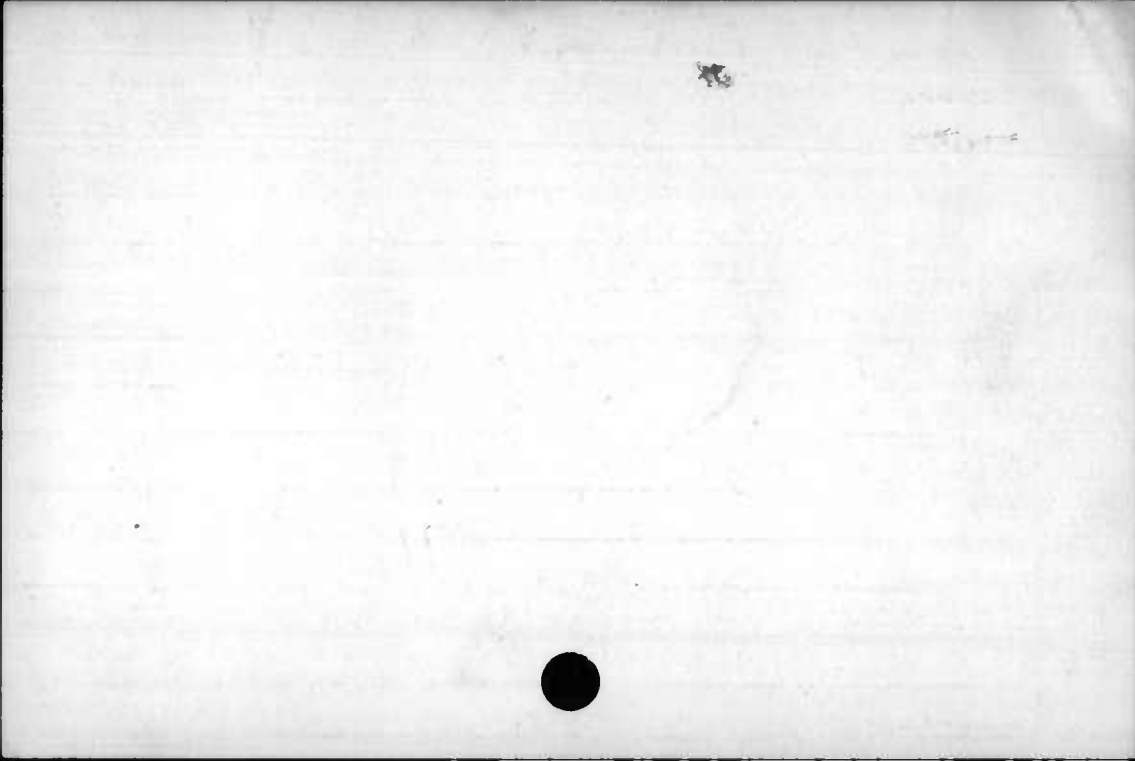
TO BE ANSWERED BY
NEAREST FRIEND

John H. Parnell		X		County	
Died at		Oakland		garret	
Date of death		1905		Age	
Month		March		Years	
Day		5		Months	
Sex		Male		Birth-place	
Color or Race		White		New ferry	
Occupation		Sailor		Where Residing If not at place of death	
Married, Single or Widowed		widowed		at grand sons	
Name of Wife or Husband		—		—	
Father's Name		—		Father's Birthplace	
Mother's Maiden Name		—		Mother's Birthplace	
Name of person giving information		Wm Parnell		How related to deceased	
				Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	Several months
Immediate	Exhaustion	How long	91
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	William Parnell
		Address	Oakland
Accident or Suicide?			



Name
in
Full

Henry P Sines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Garrett

MARYLAND

Date

of death 1905

Month

Mar

Day

11

Age

Years

60

Months

4

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary Sines

Father's
Name

Senord Sines

Father's
Birthplace

Md

Mother's
Maiden Name

Catharine Wolf

Mother's
Birthplace

Md

Name of person giving
In formation

Mary Sines

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Typhoid Fever

How long

9 Days

Immediate

Heart Complications

How long

Are the name, age, sex, color, date
and place correctly given above?

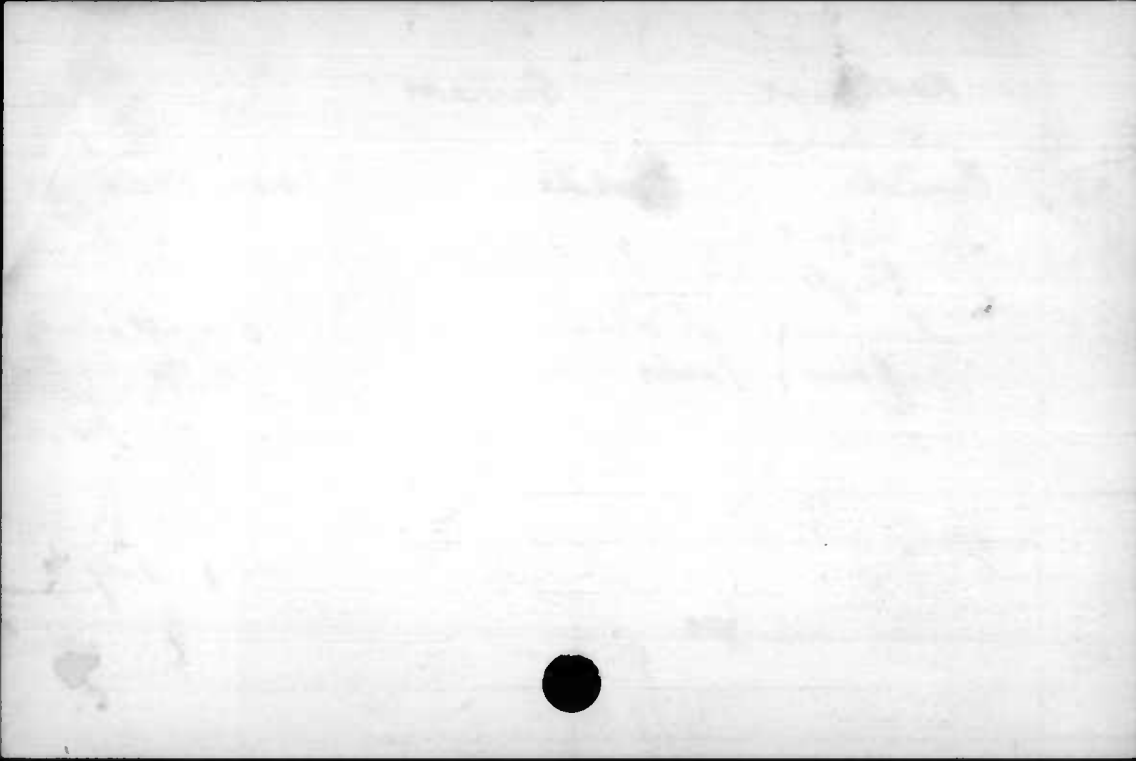
Yes

Signature of
Physician

Address

H. Mason M.D.
Friendsville
Md

Accident or Suicide?



Name
in
Full

Clide Sisler

CERTIFICATE OF DEATH

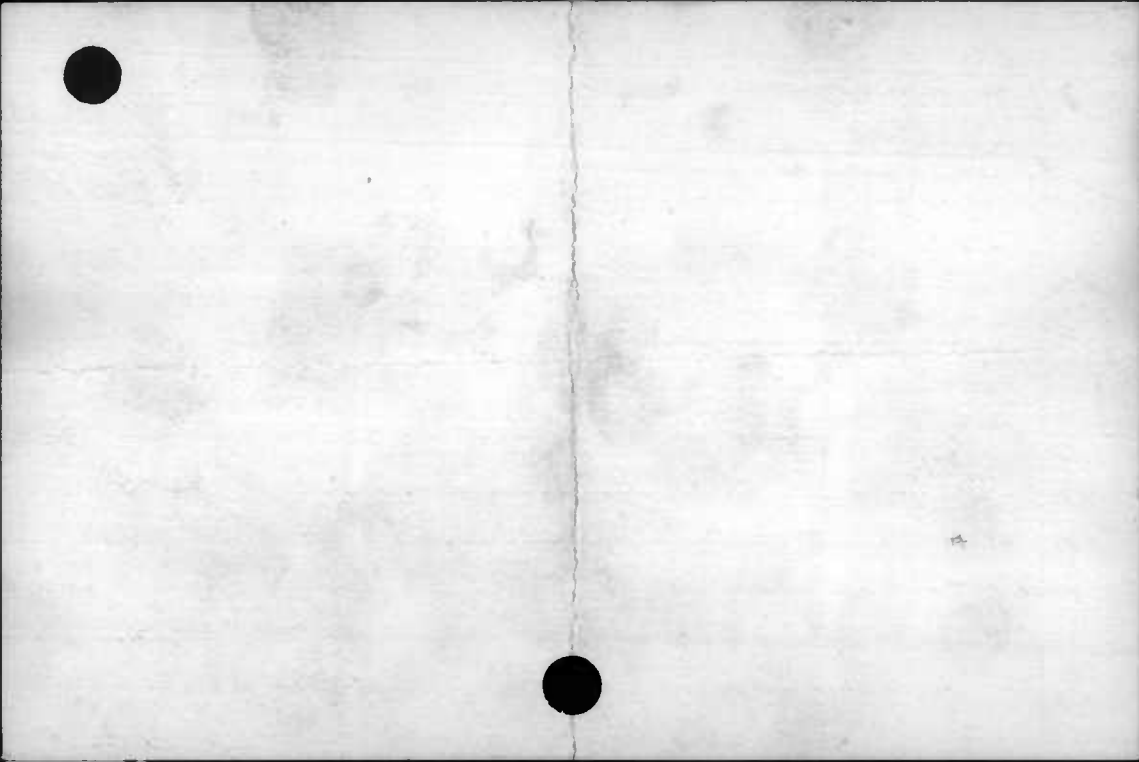
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Redhouse</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>March</i> <small>Month</small>	<i>9</i> <small>Day</small>	<i>9</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>1</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>near Redhouse</i>		
Occupation <i>infant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Samuel Sisler</i>			Father's Birthplace <i>Garrett County</i>		
Mother's Maiden Name <i>Jane Teets</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information			How related to deceased		

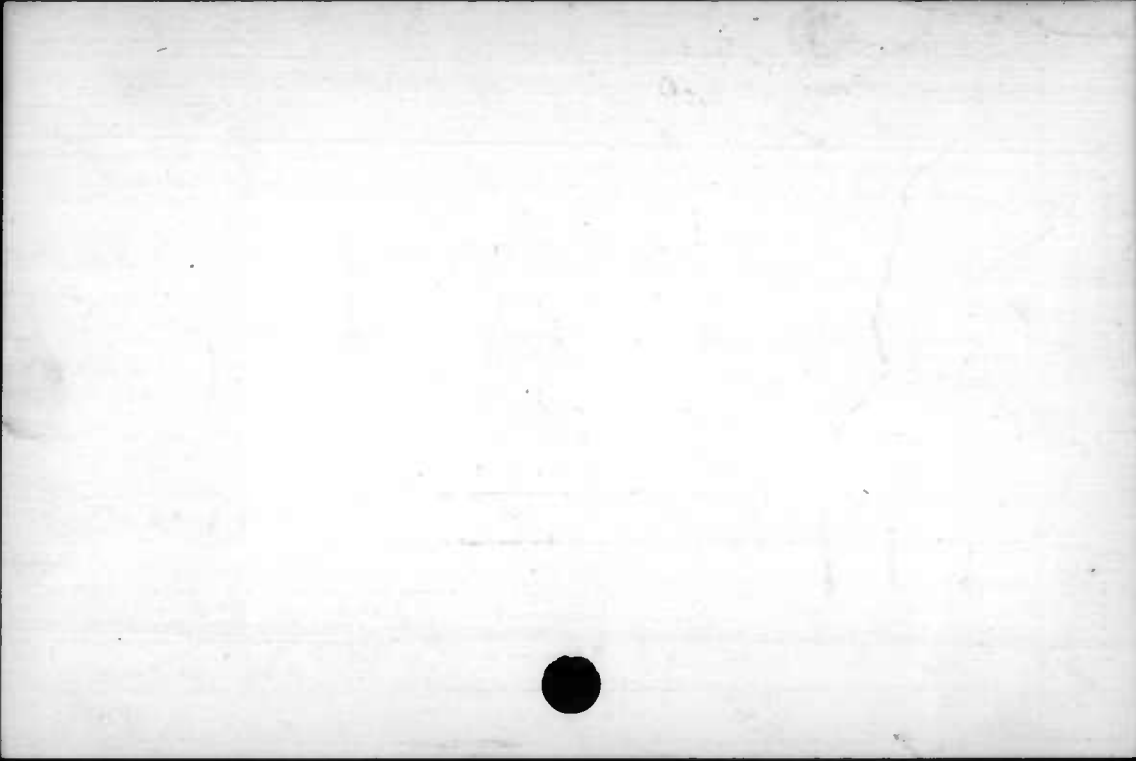
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	How long
Immediate		How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician
		Address
Accident or Suicide?		



Name in Full		John Spencer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mc. Henry		County Garrett		MARYLAND
	Date of death	1905	Month Mar	Day 7	Age	Years 60	Months 11 Days 24
	Sex	Male		Color or Race	White		Birth-place Maryland
	Occupation	Farmer			Where Residing if not at place of death		
	Married, Single or Widowed	married		Name of Wife or Husband	Hulda Spencer		
	Father's Name	William Spencer				Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	Hulda Spencer				How related to deceased wife	
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Lagrippe			(10)	How long	Two weeks
	Immediate	Lagrippe				How long	
	Are the name, age, sex, color, date and place correctly given above?			yes		Signature of Physician H. R. Beyer	
				Address Accident			
	Accident or Suicide?						



Name
in
Full

Elen Stark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Arbiton</i>		County <i>Gorrett</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		<i>Nov</i>	<i>3</i>	<i>80</i>		<i>10</i>	<i>12</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>House wife</i>			Where Residing if not at place of death <i>near arbiton</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>George Stark</i>				
Father's Name	<i>Melinda Patten</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Catherine Havens</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Mrs Henry Whitesel</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>-</i>
Immediate		How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>		Signature of Physician <i>Dr James D Bullack</i>	
		Address <i>Conaconing Md</i>	
Accident or Suicide?			



Name
In
Full

Effie Stephens

CERTIFICATE OF DEATH

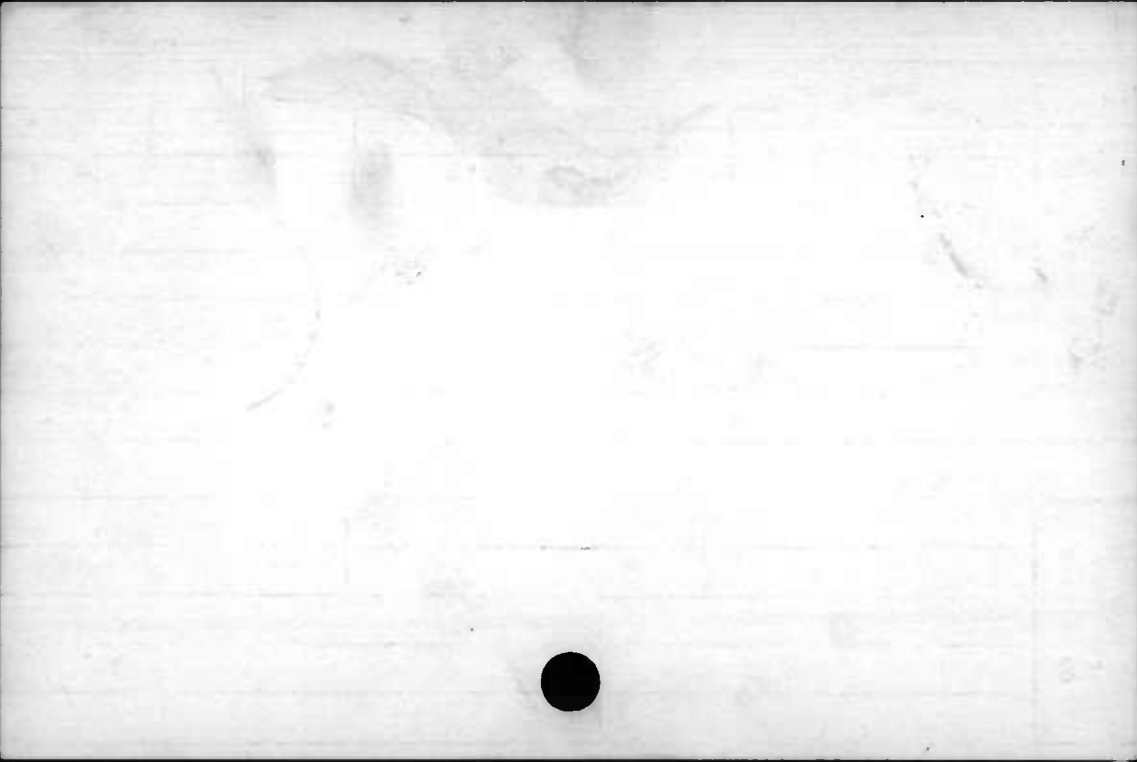
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Merrell		County Garrett		MARYLAND	
Date of death 190		5	Month Mar	Day	Age 28	Months 10	Days 19
Sex Female		Color or Race White		Birth- place			
Married, Single or Widowed				Occupation Housewife			
Name of Wife or Husband Effie Stephens				Father's Birthplace Maryland			
Father's Name Elias Merrell				Mother's Birthplace Maryland			
Mother's Maiden Name Barbara Broadwater				How related to deceased Father			
Name of person giving In formation Elias Merrell							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe Typhoid	How long	
Immediate	Abortion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. L. Berans	
Address		Grantville	
Accident or Suicide?			



Name
in
Full

Burbridge Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{own} near *Aearer*County *Garrett*

MARYLAND

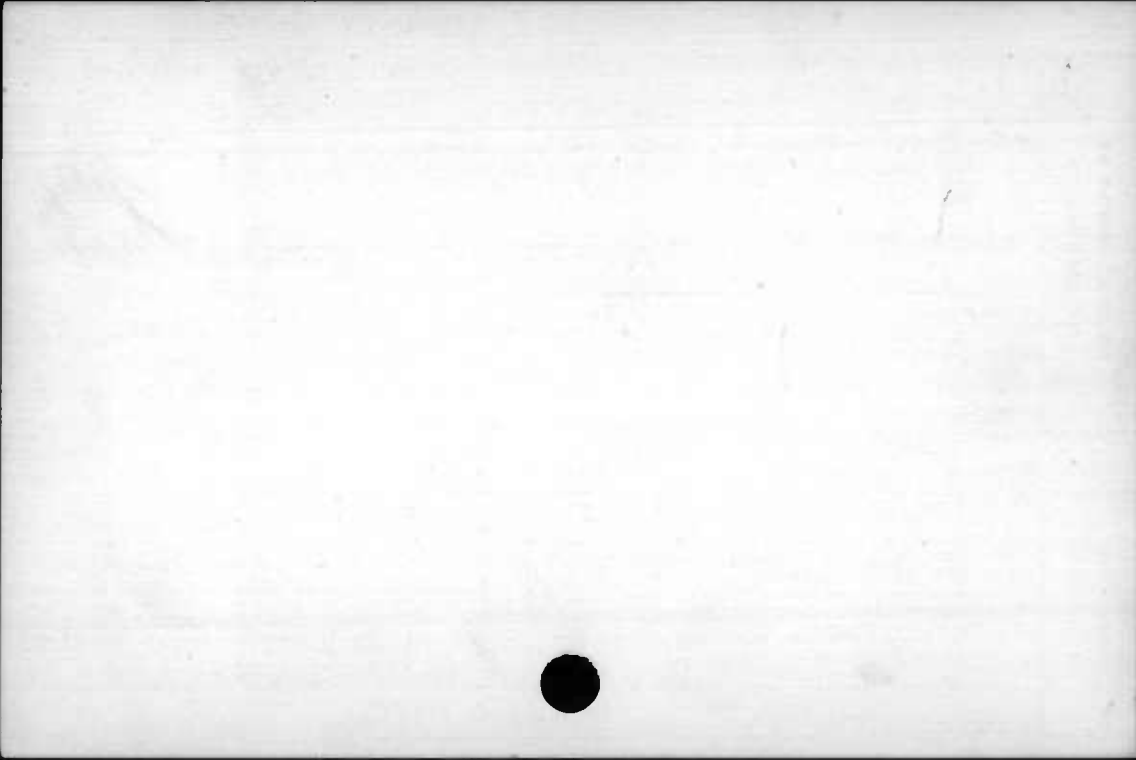
Date
of death *1905*Month
*Mar*Day
*22*Age
*39*Months
*5*Days
*22*Sex *male*Color or
Race *white*Birth-
place *W.Va.*Occupation
*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed *married*Name of Wife or
Husband *Mary. G. Thomas*Father's
Name *Alexander Thomas*Father's
Birthplace *md*Mother's
Maiden Name *Sarah. C. A. Aearer*Mother's
Birthplace *md*Name of person giving
In formation *Mary. G. Thomas*How related
to deceased *Wife*

CAUSES OF DEATH

Primary *Catarrhal Pneumonia*How long *25 days*Immediate *Strant Hyper trophy*How long *10 days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *A. J. Macomber*Address
*Friedenville
md*

Accident or Suicide?

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nancy Uphald</i>		Town <i>near Selbysport</i>		County <i>Garrett</i>		STATE <i>MARYLAND</i>	
Died at		Date of death 190 <i>5</i> ^{Month} <i>March</i> ^{Day} <i>15th</i>		Age <i>69</i> ^{Years}		^{Months} <i>—</i> ^{Days} <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>George Uphald</i>							
Father's Name <i>don't know</i>		Father's Birthplace					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace					
Name of person giving information <i>Walter Griffith</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>5 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. E. Frazier Understaker</i>
	Address <i>Friendsville Md</i>
Accident or Suicide?	

